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SCHEDULE A (FEC Form 3)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 162 OF 284 (check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		] 11b	11c		11d			
			<u> </u>		12		13a	13b		14	15		
Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee						e pu conti	rpose ribution	of solicits s from s	ting co	ontribu	tions tee.		
NAME OF COMMITTEE (In Full) Bill Cassidy for US Senate													
A	Full Name (Last, First, Middle Initial) Dr. Bernadette Boyd				Data	4 D-	!-4						
	Mailing Address 411 Pierremont Road				Date of Receipt    Mark								
	City	State	Zip Code	┦₊									
	Shreveport	LA	71106-2205	Transaction ID : A-CF17314					<u> </u>				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer		$\dashv$			<u>, ^</u>	<u></u>		500 				
	Boyd Family Practice	Physician											
	Receipt For: 2014	Election Cy	/cle-to-Date										
	Primary General			1									
	Other (specify)		500										
В.						f Re	ceipt						
	Mailing Address 411 Pierremont Road  City State Zip Code					08 02 70747 08 02 2014							
	City Shreveport	State	Tr	Transaction ID : A-CF17315									
	Sireveport	LA	71106-2205	_[_				-"-					
	FEC ID number of contributing federal political committee.				Amount of Each Receipt this Period								
	Name of Employer	Occupation		7									
	Boyd Family Practice	Physician											
	Receipt For: 2014	Election Cy	cle-to-Date										
	Primary General		500										
_	Other (specify)	<u> </u>	300										
	Full Name (Last, First, Middle Initial)												
C.	Steven Carpenter				Date of	Rec	eipt						
	Mailing Address 608 Heavens Drive				MUM	۱,	0 0	7/17		· • • •	ì		
	City State Zip Code				08		02		201	<u> </u>	<u>J</u>		
	Mandeville	LA	70471-2834	-	Transaction ID : A-CF17294								
	FEC ID number of contributing												
	federal political committee.	n		Amount	of	Each R	eceipt th	nis Pe	poire				
					√	VV-	~~~~~	<u>V.</u>	3600	<u></u>			
	Name of Employer Occupation					n	<u> </u>	л <u>.</u> ј.	<u>,,,,</u>	2600			
	Endodontic Center Dentist  Receipt For: 2014 Flection Cycle-to-Date												
	Primary General	Election Cy	cle-to-Date										
	Other (specify)		2600	2600									
		li											

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00